

ETPL REPORTING RECORD

PROVIDER NAME:

REPORT COMPLETED BY:

EMAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

REPORTING FISCAL YEAR:

REPORTING QUARTER

- 1ST QUARTER
- 2ND QUARTER
- 3RD QUARTER
- 4TH QUARTER

CHECK X DATES ( MONTH AND DAY)

|       |         |       |
|-------|---------|-------|
| 07/01 | THROUGH | 09/30 |
| 10/01 | THROUGH | 12/31 |
| 1/01  | THROUGH | 03/31 |
| 04/01 | THROUGH | 06/30 |

| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER | DOB | RACE | GENDER | WIOA CERTIFIED PROGRAM NAME |
|-----------|------------|----------------|------------------------|-----|------|--------|-----------------------------|
|           |            |                |                        |     |      |        |                             |
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